

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		33	6/27/01
<b>FORMALITY REVIEW</b>	MD	579	7/10/01
<b>RESPONSE FORMALITY REVIEW</b>	<i>SLB</i>	1091	1/14/02

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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7/20/01  
TC-5257/20/01  
TC-525